

Department of Homeland Security U.S. Coast Guard CG 5080 (Rev. 03-03)	<h2 style="margin: 0;">SMALL BUSINESS REVIEW</h2>	Review by SBA PCR (if applicable) <hr/> <div style="display: flex; justify-content: space-between;"> Signature Date </div>
GENERAL INFORMATION		
This form is for Coast Guard use in support of established national policy for small business programs and is mandatory for all new requirements in excess of the Simplified Acquisition Procedure threshold. No synopsis will be issued prior to completion of this form (CGAP subchap 1219.501)		
TO BE COMPLETED BY CONTRACT SPECIALIST		
1. Procurement Request #	2. Total Estimated Value \$ (inclusive of options)	3a. SIC Code
		3b. NAIC Code
		3c. Dept of Commerce SIC major group code for SDB PEA? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Small Business Size Standard Employees _____ or \$ _____		5. Item Description and Quantity
6. Commercial Item/Service Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. Recommendation (mark one) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. Sole Source <input type="checkbox"/> 8(a) HUBZone <input type="checkbox"/> 8(a) Non-HUBZone <input type="checkbox"/> HUBZone <input type="checkbox"/> HBCU/MI <input type="checkbox"/> OTHER (Must complete Block 12) </div> <div style="width: 45%;"> b. Competitive <input type="checkbox"/> 8(a) HUBZone <input type="checkbox"/> 8(a) <input type="checkbox"/> HUBZone (Rule of 2) <input type="checkbox"/> Small Business (Rule of 2) <input type="checkbox"/> Full and Open (Must complete Block 12) </div> </div>		8. Acquisition History (mark as applicable) <input type="checkbox"/> a. First time buy <input type="checkbox"/> b. Previous acquisition <div style="margin-left: 20px;"> <input type="checkbox"/> 1. Section 8(a) sole source <input type="checkbox"/> 2. Section 8(a) competitive <input type="checkbox"/> 3. Small Business Set Aside <input type="checkbox"/> 4. Sole Source, not 8(a) <input type="checkbox"/> 5. Full and open </div> <input type="checkbox"/> c. Two or more responsive SB offers/bids on prior acquisitions
9. Subcontracting plan required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
10. Synopsis required? Yes <input type="checkbox"/> No <input type="checkbox"/>		11. Summary of Supporting Data (Supporting Data must be attached):
12. HBCU sub-k potential Yes <input type="checkbox"/> No <input type="checkbox"/>		
NOTE: Change in the procurement plan described herein will require return for re-evaluation by the SBS		
13. Part I Submitted By:		14. SBS Concur <input type="checkbox"/> Rejects <input type="checkbox"/> (see attached)
<hr/> <div style="display: flex; justify-content: space-between;"> Signature Date </div>		<hr/> <div style="display: flex; justify-content: space-between;"> Signature Date </div>
CONCURRENCE		
15. Contracting Officer <input type="checkbox"/> Concur <input type="checkbox"/> Rejects (basis for rejection attached)		16. Small Business Specialist <input type="checkbox"/> Accepts <input type="checkbox"/> Appeals (basis for appeal attached)
<hr/> <div style="display: flex; justify-content: space-between;"> Signature Date </div>		<hr/> <div style="display: flex; justify-content: space-between;"> Signature Date </div>